

Product-Plan Data Collection

Company Legal Name: Aetna Life Insurance Company
 HIOS Issuer ID: 29497
 Effective Date of Rate Change(s): 1/1/2020

State: DE
 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	Aetna Preferred Provider Organization			
1.2 Product ID	29497DE007			
1.3 Plan Name	Terminated	Aetna Silver PPO 6000 80/50	Aetna Bronze PPO 6000 80/50 HSA	Aetna Gold PPO 2000 80/50 \$30/75
1.4 Plan ID (Standard Component ID)	29497DE0070000	29497DE0070047	29497DE0070050	29497DE0070046
1.5 Metal	Not Applicable	Silver	Bronze	Gold
1.6 AV Metal Value	0.696	0.704	0.619	0.791
1.7 Plan Category	Terminated	Renewing	Terminated	Terminated
1.8 Plan Type	PPD	PPD	PPD	PPD
1.9 Exchange Plan?	No	No	No	No
1.10 Effective Date of Proposed Rates	1/1/2020	1/1/2020	1/1/2020	1/1/2020
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	10.73%	0.00%	0.00%
1.12 Product Rate Increase %		10.73%		
1.13 Submission Level Rate Increase %		10.73%		

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	29497DE0070000	29497DE0070047	29497DE0070050	29497DE0070046
2.2 Allowed Claims	\$10,742,050	\$72,037	\$10,670,013	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$2,703,325	\$21,076	\$2,682,249	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$8,038,725	\$50,961	\$7,987,764	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$6,770	\$30	\$6,801	\$0	\$0
2.8 Premium	\$12,234,062	\$65,504	\$12,168,558	\$0	\$0
2.9 Experience Period Member Months	22,232	88	22,144	0	0
2.10 Current Enrollment	1,205	0	1,205	0	0
2.11 Current Premium PMPM	\$612.22	\$0.00	\$612.22	\$0.00	\$0.00
2.12 Loss Ratio	65.67%	77.83%	65.61%	#DIV/0!	#DIV/0!
Per Member Per Month					
2.13 Allowed Claims	\$483.18	\$818.60	\$481.85	#DIV/0!	#DIV/0!
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	\$121.60	\$239.50	\$121.13	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!
2.17 Incurred Claims	\$361.58	\$579.10	\$360.72	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$0.30	-\$0.35	\$0.31	#DIV/0!	#DIV/0!
2.19 Premium	\$550.29	\$744.36	\$549.52	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	29497DE0070000	29497DE0070047	29497DE0070050	29497DE0070046
3.2 Market Adjusted Index Rate		\$646.91		
3.3 AV and Cost Sharing Design of Plan	0.0000	0.7716	0.0000	0.0000
3.4 Provider Network Adjustment	0.0000	1.0000	0.0000	0.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000
Administrative Costs				
3.6 Administrative Expense	10.10%	10.10%	10.10%	10.10%
3.7 Taxes and Fees	6.14%	6.14%	6.14%	6.14%
3.8 Profit & Risk Load	4.31%	4.31%	4.31%	4.31%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$0.00	\$628.26	\$0.00	\$0.00
Calibration Factors				
3.11 Age Calibration Factor	0.6414	0.6414		
3.12 Geographic Calibration Factor	1.0000	1.0000		
3.13 Tobacco Calibration Factor	1.0000	1.0000		
3.14 Calibrated Plan Adjusted Index Rate	\$0.00	\$402.97	\$0.00	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	29497DE0070000	29497DE0070047	29497DE0070050	29497DE0070046
4.2 Allowed Claims	\$1,111,403	\$0	\$1,111,403	\$0	\$0
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$253,803	\$0	\$253,803	\$0	\$0
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$857,600	\$0	\$857,600	\$0	\$0
4.7 Risk Adjustment Transfer Amount	-\$6,981	\$0	-\$6,981	\$0	\$0
4.8 Premium	\$1,088,269	\$0	\$1,088,269	\$0	\$0
4.9 Projected Member Months	1,732	0	1,732	0	0
4.10 Loss Ratio	79.31%	#DIV/0!	79.31%	#DIV/0!	#DIV/0!
Per Member Per Month					
4.11 Allowed Claims	\$641.69	#DIV/0!	\$641.69	#DIV/0!	#DIV/0!
4.12 Reinsurance	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing	\$146.54	#DIV/0!	\$146.54	#DIV/0!	#DIV/0!
4.14 Cost Sharing Reduction	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!
4.15 Incurred Claims	\$495.15	#DIV/0!	\$495.15	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount	\$4.03	#DIV/0!	-\$4.03	#DIV/0!	#DIV/0!
4.17 Premium	\$628.33	#DIV/0!	\$628.33	#DIV/0!	#DIV/0!